

6220
Ser PM/

From: Executive Secretary, Navy Epidemiology Board
To: Commanding Officer, Navy Environmental Health Center
Via: President, Navy Epidemiology Board

Subj: MINUTES OF THE NAVY EPIDEMIOLOGY BOARD (NEB) MEETING OF
05-07 DECEMBER 2001

Ref: (a) NAVENVIRHLTHCENINST 6220.1E

Encl: (1) List of Attendees
(2) Navy Epidemiology Board Agenda
(3) EPI-RAP 01-005 STD Interviews and Patient Confidentiality – Mr. Bill Calvert
LT Cassidy
(4) EPI-RAP 01-006 Epidemiology Software Standardization - CDR LaMar
(5) EPI-RAP 01-007 PM Physician Billets – Changing The Infrastructure – CAPT Brawley
(6) EPI-RAP 01-008 Reservists for Backfill During Deployments – CDR Sherman
(7) Presentation – Navy Disease Reporting System-A Review - CDR Landro
(8) Presentation – USAF Enhanced Medical Surveillance Activities – LtCol Cox
(9) Presentation – Periodic Health Status Report - LCDR Brady
(10) Presentation – The Essence Surveillance Program - CAPT Yund

1. The subject meeting was held at the Navy Environmental Health Center, 05-07 December, 2001, in accordance with reference (a). CDR Sherman welcomed the attendees (listed in enclosure (1)); the Minutes from the previous meeting were reviewed and approved. CAPT Sack, NEHC Commanding Officer, addressed the NEB members, and stated that it was a BUMED priority to delineate effective measures of the fitness and health of our USN/USMC forces, in order to define their Readiness. He also stated that Preventive Medicine Credentials and Privileging is an important issue to be resolved.

2. **Old Business** (Previous EPI-RAPs still pending).

a. EPI-RAP 00-008: Preventive Medicine Physician Credentials and Privileges.

NEB Recommendation: CAPT Brawley informed the NEB that a final draft of the PAR for 'Population Health Medicine' is being circulated for review through the Surgeon General's Office.

Action Required: CAPT Brawley will provide an update at the next NEB meeting on status of credentials and privileges.

Status: Open.

Subj: MINUTES OF THE NAVY EPIDEMIOLOGY BOARD (NEB) MEETING OF
05-07 DECEMBER 2001

b. EPI-RAP 00-013: Individual Medical Readiness Categories.

NEB Recommendation: A universal needs statement was developed by II MEF and has been submitted to HQUSMC via MARFORLANT.

Action required: CDR Hendricks to update the Board on action taken at next NEB.

Status: Open.

c. EPI-RAP 00-014: Monitoring for syphilis Eradication in USN/MC.

NEB Recommendation: Continue the work on improving completeness of medical surveillance of STDs. CAPT Thomas will provide a status report to the Board on AD Navy and Marine Corps syphilis rates. Aim to meet the U.S. Public Health Services CY05 eradication goal.

Action Required: NEB to hear progress report at the June 2002 meeting.

Status: Open.

d. EPI-RAP 00-015: Report of Thermal Stress Injuries.

NEB Recommendation: A Marine Corps Order on Heat Stress will soon be released. Continue to follow the issue, assess response to and effectiveness of the MCO, then determine the possible need for a Dual-Signed (i.e., Surgeon General/CG, Marine Corps Combat Development Command (MCCDC)) OPNAV Order delineating guidance for the reporting of thermal stress injuries.

Action Required: Ms. Nancy Craft, NEHC Occupational/Environmental Medicine Directorate, assess the response to the MCO, and explore with OPNAV whether further effort is worthwhile in pursuing a dual-signed OPNAV Order. Update status at next meeting.

Status: Open.

3. New Business

a. EPI-RAP 01-005: STD Interviews and Patient Confidentiality, enclosure (3).

NEB Recommendation: Obtain further guidance from JAG Corps, Headquarters. Request legal brief, whether medical personnel are required to report information from STD contact interviews, if it is revealed that a violation of the UCMJ has occurred.

Action required: CAPT Schor will seek Staff Judge Advocate review from appropriate headquarters offices. Further action will be coordinated with CDR Malakooti and Mr. Calvert.

Status: Open.

Subj: MINUTES OF THE NAVY EPIDEMIOLOGY BOARD (NEB) MEETING OF
05-07 DECEMBER 2001

b. EPI-RAP 01-006: Epidemiology Software Standardization, enclosure (4).

NEB Recommendation: All Navy epidemiologists should have competency in at least one statistical software program. The broad mixture of skills in the epi community is a positive attribute, and recommending use of only one advanced statistics program could be counter-productive. Encourage personnel to maintain competency in the most current version of EpiInfo, and at least one advance statistics program, and ask OICs to provide/purchase access to the programs and relevant training opportunities. Investigate possibility with NMIMC of making a variety of statistical programs available on a network basis.

Action required: Discuss issue with Navy epidemiology community, follow-up at next meeting.

Status: Open.

c. EPI-RAP 01-007: PM Physician Billets – Changing The Infrastructure, enclosure (5).

NEB Recommendation: With the increased workload on Preventive Medicine, and the emphasis on Force Health Protection and Public Health from BUMED and the Pentagon, it is time to critically assess the Navy PM infrastructure, with the goal of 'Public Health Optimization'. If more personnel are needed to accomplish the mission, then ask Congress for additional billets, rather than just redistributing billets among specialties.

Action Required: NEB proposes to Commanding Officer, NEHC, that he convene a committee to carefully examine Navy PM manning and unfulfilled needs/related issues, and to make recommendations for the future manning levels of Preventive Medicine/public health in Navy Medicine. Suggest this committee include CAPTs Brawley and Thomas, among others.

Status: Open.

d. EPI-RAP 01-008: Reservists for Backfill During Deployments, enclosure (6).

NEB Recommendation: Due to the rising demand for Preventive Medicine support in the field, with the potential for a large proportion of NEPMU personnel to be deployed at any given time, it is necessary to have total force support of operational PM personnel by providing backfill to the NEPMUs as needed. Reservists in specialties such as IH, EH, Ento, and Epi could fulfill this role.

Action Required: NEB recommends to Commanding Officer, NEHC, that the Command consider the issue of building a Reservist personnel structure to backfill the NEPMUs, and examine the feasibility of implementation.

Status: Open.

4. Administrative Business

a. Presentations to the Board.

(1) CDR Frederick Landro, MC, USNR, presented "Navy Disease Reporting System-A Review," which was prompted by the AMSA analysis of completeness of Reportable Disease Surveillance presented to the AFEB in June 2001. (see enclosure (7)).

(2) LtCol Cox, MC, USAF, presented "USAF Enhanced Medical Surveillance Activities", describing USAF AFIERA's use of ESSENCE with several added syndromes. (see enclosure (8)).

(3) LCDR Brady and LT Zinderman presented a draft "Periodic Health Status Report", a proposal for a tool to indicate the health of a specific segment of the USN Active Duty population, by displaying a broad range of data that can be used to "assess needs, quantify disease burdens, and measure preventable causes of injury." (see enclosure (9)).

(4) CAPT Yund, MC, USN, presented information on the ESSENCE program (Electronic Surveillance System for the Early Notification of Community-Based Epidemics, at <https://secwww.jhuapl.edu/Essence/Clusters/>). This program obtains current data of ICD diagnoses from the worldwide medical ADS and displays the data by MTF. The system is functional and the data readily available (see enclosure (10)).

(5) CAPT Yund, MC, USN, presented one of the recommendations from the IG's inspection of BUMED, that "Navy SG conduct a self-assessment for Preventive Medicine to establish and prioritize POA&Ms to address areas for improvement." The IG report specifically observed that the Navy Disease Reporting System has no noted process measures in place to validate quality of reporting. CAPT Yund will pursue the issue, formulate a plan of action and elicit input from the Navy PM community, and present an update at the 2002 NEHC Workshop.

(6) CDR Culpepper, MC, USN, described the DOD-GEIS system and presented an update of its activities.

b. NEB membership issues were discussed, in response to CO, NEHC's stated desire to have optimal representation of Navy epi *and* wise use of limited funds. It was felt that because there is a wide variety of Navy PM Officer billets, broad representation on the NEB is necessary to obtain a range of views and distill them into input that is valuable to the CO. CAPT Hooker, MC, USN, III MEF PMO, made a strong plea for funding of IIIMEF representation on the NEB, given their unique situation and related issues. The Board felt great sympathy with the reasoning, given that I and II MEF were invited to the NEB because the Marines do represent ~40% of Navy Medicine AD beneficiaries; but due to the expense of flying from Okinawa to Norfolk, and the associated jet-lag and fatigue that would make participation in a long meeting problematic, the NEB decided to recommend options other than meeting attendance for III MEF. They could

Subj: MINUTES OF THE NAVY EPIDEMIOLOGY BOARD (NEB) MEETING OF
05-07 DECEMBER 2001

provide input/updates to the NEB via the HQUSMC representative, and the NEB considered options including audio teleconferencing and Internet-conferencing. It was recommended that CO, NEHC, consider having the command acquire the capability to conduct 'Net-meetings', and perhaps ask NMIMC to set up server and technology support for similar NEHC meetings.

c. An election was conducted to select a new Vice-President of the NEB. CAPT Bruce Bohnker was unanimously elected by the Board to the position of Vice-President. His name is hereby submitted to the Commanding Officer, NEHC for approval.

5. Next Meeting. The next meeting is scheduled for 05-07 June, 2002.

(signed)
M. A. MALAKOOTI
CDR, MC, USN

Minutes reviewed and approved by President, Navy Epidemiology Board.

(signed)
Date: 12-20-01 S. S. SHERMAN
CDR, MC, USN

Minutes reviewed by Commanding Officer, NAVENVIRHLTHCEN.

Comments: (1) 3c: *Concur with formation of proposed committee. It should be a subset of EPI Board. Refer back to Chair to coordinate.*
(2) 3d: *Issue of Reserve backfill has been and continues to be pursued with MED-07 staff. Rec CAPT Beddard brief board at next mtg on status.*
(3) 4c: *Approved.*

Approved/~~Disapproved~~

With comments above. Appreciate the thoughtful discussion of these many important issues.

Date: 12-26-01 (signed)
D. M. SACK

**NAVY EPIDEMIOLOGY BOARD
NAVY ENVIRONMENTAL HEALTH CENTER
NORFOLK, VA**

**LIST OF ATTENDEES FOR NAVY EPIDEMIOLOGY BOARD
MEETING OF 05-07 DECEMBER, 2001**

MEMBERS PRESENT

CDR S. Sherman, MC, USN (**President**/NEPMU-5)
CAPT R Thomas, MC, USN (NEHC)
CAPT B. Bohnker, MC, USN (NEHC)
CAPT J. Yund, MC, USN (BUMED Med-24)
CAPT K. Schor, MC, USN (HQUSMC)
CDR M. Malakooti, MC, USN (**Executive Secretary**/NEHC)
LCDR T. Blankenship, MC, USN (NEPMU-2)
LCDR J. Howe, MC, USN (I MEF)

GUESTS

CAPT R. Brawley, MC, USN (NEHC)
LTCOL Cox, MC, USAF (AFIERA)
CDR R. Rendin, MSC, USN (NMCP)
CDR R. Culpepper, MC, USN (DOD-GEIS)
CDR F. Landro, MC, USN (USUHS-BUMED)
LCDR J. Brady, MC, USNR (AMSA)
LT A. Hankinson, MC, USNR (NHGL)

MEMBERS ABSENT

CAPT J. Beddard, MSC, USN (NEHC)
CAPT E. Kilbane, MC, USN (NEPMU-7)
CAPT K. Hayashi, MC, USN (NEPMU-6)
CDR B. Hendricks, MC, USN (II MEF)
CDR M. McCarthy, MC, USN (NMRC)

**NAVY EPIDEMIOLOGY BOARD MEETING
5-7 DECEMBER 2001**

Wednesday, 5 December 2001

0815 - 0825 Welcome & Opening Remarks - CDR Sherman

0825 - 0845 Commanding Officer Remarks - CAPT Sack

15 min break break

0900 - 1030 Live Video Conference, BUMED et al – Rapidly Deployable Surveillance System

10 min break

Medical Surveillance

1040 - 1100 Presentation - The ESSENCE Program – CAPT Yund

1100 - 1130 Presentation - USAF Syndromic Surveillance - LtCol Cox

1130 - 1200 Discussion

1200 - 1300 Lunch

1300 - 1315 Presentation - SAMS 8.02 Medical Surveillance/NDRS update – Ms. Lea Gilchrist

1315 - 1415 Presentation - Deficiencies of Navy reportable disease surveillance, and solutions – CDR Landro

10 min break

Program Updates

1425 - 1445 BUMED MED-24/JPMPG - CAPT Yund

1445 - 1500 HQ USMC – CAPT Schor

1500 - 1525 NEHC – CAPT Bohnker

5 min break

1530 - 1600 Clinical Epidemiology Program Coordinator – CAPT Brawley

Thursday, 6 December 2001

0830 - 0835 Presidential Remarks – CDR Sherman

0835 - 0935 NEPMUs 15-min Briefs

5 min break

0940 - 1000 Specialty Leader Brief – CAPT Sharp

1000 - 1020 DoD GEIS Update – CDR Culpepper

1020 - 1040 NMRC Update – CDR McCarthy

10 min break

1050 - 1110 Presentation - Navy PM Self-Assessment – CAPT Yund

1110 - 1200 Presentation - Navy Periodic Health Status Report – LCDR Brady

1200 – 1300 Lunch

Old Business (Review Previous Open EPI-RAPS)

1300 - 1345 EPI-RAP 00-008 PM Physician Credentials and Privileges – CAPT Brawley

EPI-RAP 00-013 Individual Medical Readiness Categories – CDR Hendricks

EPI-RAP 00-014 Monitoring for Syphilis Eradication in USN/USMC – CAPT Thomas

EPI-RAP 00-015 Report of Thermal Stress Injuries – Ms. Nancy Craft OEM/PM

10 min break

New Business

1355 - 1630 **EPI-RAP 01-005** STD interviews and patient privacy/confidentiality – Mr. Bill Calvert, LT Cassady

EPI-RAP 01-006 Epidemiology Software Standardization – CDR LaMar

EPI-RAP 01-007 PM Physician billets – changing the infrastructure – CAPT Brawley

EPI-RAP 01-008 Designation of Reserve Assets for Backfill During Extended

Deployments – CDR

Friday, 7 December, 2001

0800 - 0810 Opening Remarks - CDR Sherman

0810 - 0840 NEB Membership Issues

0840 - 0850 Change policy at Great Lakes to mandate "Stop Cough" interventions, anyone?

5 min break

0855 - 0930 Quality Control for TB screening – LCDR Marienau

0930 - 1015 Injury surveillance in DON – which software, what data?

5 min break

1020 - 1100 PM Metrics discussion

1100 - 1115 Selection of Date for Next Meeting and Closing Remarks

1115 **Adjourn**

Enclosure (2)